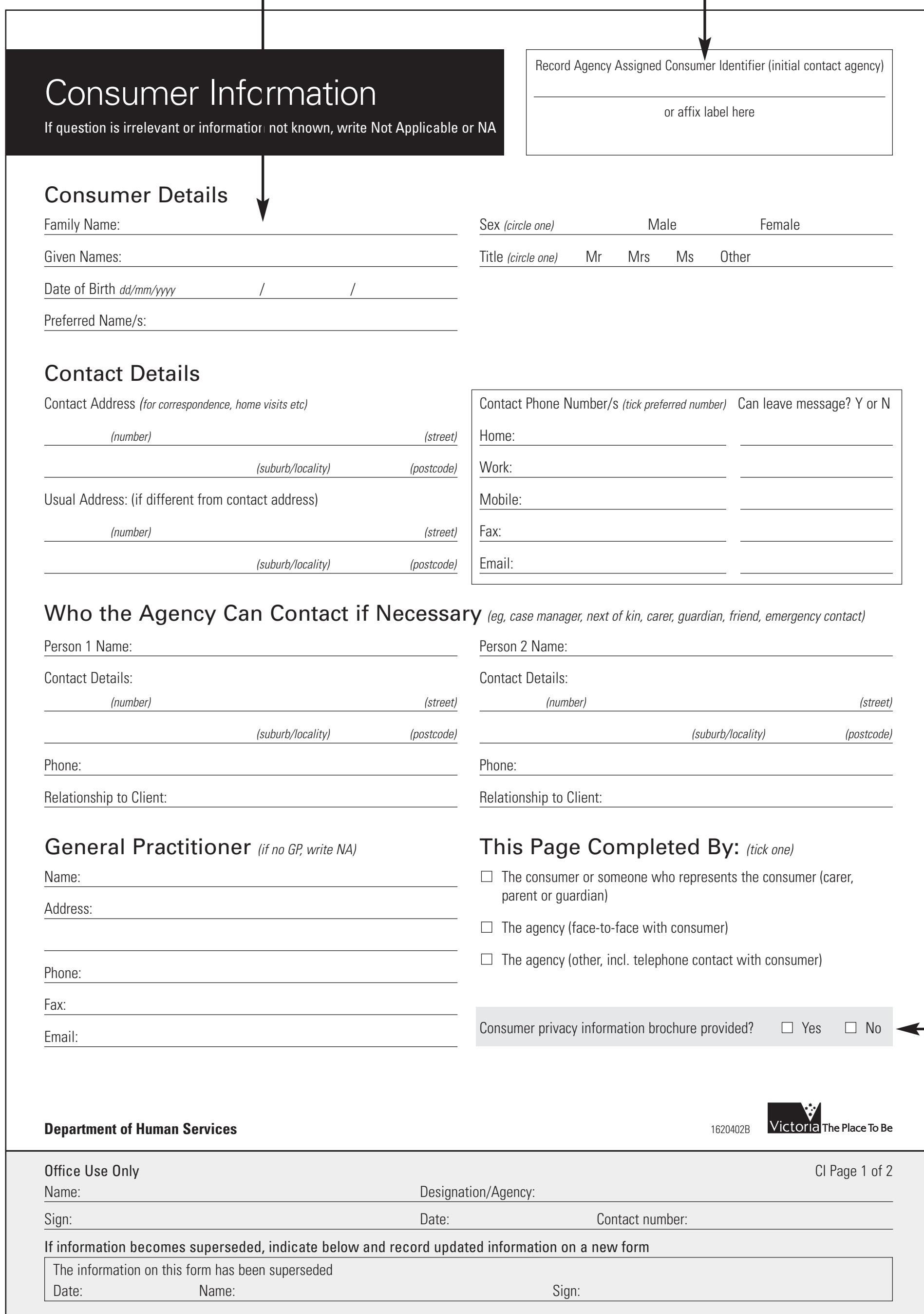
Consumer Information (Page 1)

Don't replicate details if a current label can be attached to form



Consumer Information

If question is irrelevant or information not known, write Not Applicable or NA

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

Consumer Details

Family Name:

Given Names:

Date of Birth *dd/mm/yyyy* / /

Preferred Name/s:

Sex *(circle one)* Male Female

Title *(circle one)* Mr Mrs Ms Other

Contact Details

Contact Address *(for correspondence, home visits etc)*

(number) *(street)*

(suburb/locality) *(postcode)*

Usual Address: (if different from contact address)

(number) *(street)*

(suburb/locality) *(postcode)*

Contact Phone Number/s *(tick preferred number)* Can leave message? Y or N

Home:

Work:

Mobile:

Fax:

Email:

Who the Agency Can Contact if Necessary *(eg, case manager, next of kin, carer, guardian, friend, emergency contact)*

Person 1 Name:

Contact Details:

(number) *(street)*

(suburb/locality) *(postcode)*

Phone:

Relationship to Client:

Person 2 Name:

Contact Details:

(number) *(street)*

(suburb/locality) *(postcode)*

Phone:

Relationship to Client:

General Practitioner *(if no GP, write NA)*

Name:

Address:

Phone:

Fax:

Email:

This Page Completed By: *(tick one)*

☐ The consumer or someone who represents the consumer (carer, parent or guardian)

☐ The agency (face-to-face with consumer)

☐ The agency (other, incl. telephone contact with consumer)

Consumer privacy information brochure provided? ☐ Yes ☐ No

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CI Page 1 of 2

Name: Designation/Agency:

Sign: Date: Contact number:

If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date: Name: Sign:

Please supply the consumer with a Privacy Information brochure

- Clearly identify your agency and contact details when sending information to another provider
- Use free text and comments boxes to get your point across
- Ensure client identifying information is on every page transmitted to another agency/program. At a minimum include name, sex, date of birth and address
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Consumer Information (Page 2)

This is the service being requested from **your** agency

Please note any important issues regarding risk, urgency and access

If your code does not convey the role of the source of referral, please define the role within the Source of Referral Contract Details box

Consumer Information

If question is irrelevant or information not known, write Not Applicable or NA

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

Service Requested

Notes: *(including alerts and comments on risks, urgency and access issues)*

Source of Referral

Record: (1) Self. (2) Family, significant other, friend.
(3) GP/medical practitioner (community-based).
(4) Specialist aged or disability assess. team/service (eg. ACAT).
(5) Comprehensive HACC assessment authority.
(6) Community nursing service. (7) Hospital (public).
(8) Psychiatric/mental health service or facility.
(9) Extended care/rehabilitation facility. (10) Palliative care facility/hospice.
(11) Government residential aged care facility.
(12) Aboriginal health service. (13) Carelink centre.
(14) Other community-based government medical/health service.
(15) Other government medical/health service.
(16) Other government community-based services agency.
(17) Hospital (private). (18) Non-government residential aged care facility.
(19) Other non-government medical/health service.
(20) Other non-government community-based service.
(21) Law enforcement agency.
(22) Other.

Source of Referral Contact Details:

Country of Birth

Record: (1) Australia. (2) Other.

If other, specify:

Indigenous Status

Record: (1) Aboriginal but not Torres Strait Islander origin.
(2) Torres Strait Islander but not Aboriginal origin.
(3) Both Aboriginal and Torres Strait islander origin.
(4) Neither Aboriginal nor Torres Strait Islander origin.

Main Language Spoken at Home

Record: (1) English.
(2) Other.

If other, specify:

Interpreter Required

Record: (1) Interpreter not needed.
(2) Interpreter needed.

Preferred language

(if not spoken English), including sign language, and any required communication devices or special interpreter needs:

Government Pensioner/ Benefit Status

Record: (1) Aged Pension.
(2) Veterans' Affairs Pension.
(3) Disability Support Pension.
(4) Carer Payment (pension).
(5) Unemployment-related benefits.
(6) Other gov. pension or benefit.
(7) No gov. pension or benefit.

Card Number:

DVA Card Status

Record: (1) No DVA Card.
(2) Yes Gold Card.
(3) Yes White Card.
(4) Yes Other DVA Card.

DVA Card Number:

Insurance Status

Insurer Name and Card Number:

Medicare Number:

Health Care Card Number:

Office Use Only

CI Page 2 of 2

Name: Designation/Agency:

Sign: Date: Contact number:

If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date: Name: Sign:

The need for an interpreter is to be identified at the earliest opportunity. An independent interpreter should be sought, rather than a family member or friend

Card numbers – please include expiry dates where applicable

- Clearly identify your agency and contact details when sending information to another provider
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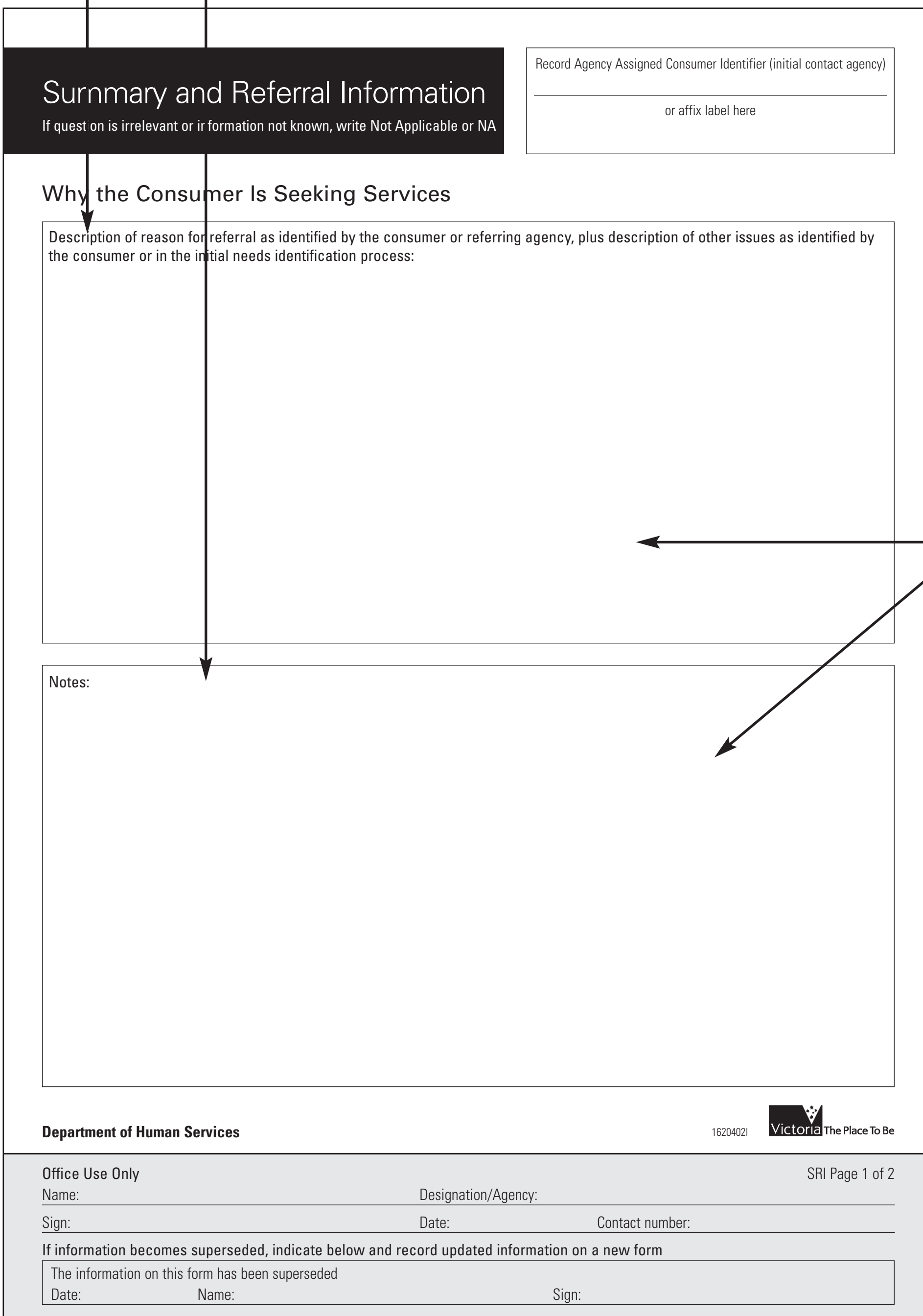
Summary and Referral Information (Page 1)

Please summarise the issues from the profiles here

Contact details for relevant third parties such as carers and family members should be included



Surnmary and Referral Information

If quest on is irrelevant or ir formation not known, write Not Applicable or NA

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

Why the Consumer Is Seeking Services

Description of reason for referral as identified by the consumer or referring agency, plus description of other issues as identified by the consumer or in the initial needs identification process:

Notes:

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SRI Page 1 of 2

Name: Designation/Agency:

Sign: Date: Contact number:

If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date: Name: Sign:

Complete the relevant summary and referral information in any form eg. letter, point form, diagrams

- Clearly identify your agency and contact details when sending information to another provider
- Use free text and comments boxes to get your point across
- Ensure client identifying information is on every page transmitted to another agency/program. At a minimum include name, sex, date of birth and address
- Date every page to confirm the information’s currency

Summary and Referral Information (Page 2)

Include your own services here

When making a referral it may be appropriate to identify 'key contacts' that are holders of comprehensive information eg. case managers, GPs, consumer, carer or family members

Summary and Referral Information

If question is irrelevant or information not known, write Not Applicable or NA

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

Current Services

Record services used in the last three months

Service	Record contact details or other information as appropriate

Consider all health and community services, including (but not limited to) alternate therapists, aged care, alcohol and drug, community health, counselling, dental care, disability, emergency accommodation, family planning, home care, hospital inpatient, hospital outpatient, hospital emergency, maternal and child health, medical (GP), medical (specialist), men's health, mental health, palliative care, rehabilitation, residential aged care, respite care, self help groups, sexual health, women's health, youth services.

Initial Action Plan

Taking into account the reason/s that the consumer is seeking services and any other issues you and the consumer have subsequently identified, summarise the initial action required.

To be referred to:

Agency/health professional	For	Consumer Consent	Referral Method	Feedback required	Date

Document when a particular referral has been recommended but not consented by the consumer

Use codes (below) to indicate who should receive feedback

Agency/health professional: Complete in legible text. If you will be continuing to see the client, include yourself in the list of agencies/professionals for referral
For: Record purpose of referral in legible text
Consumer Consent: Record: (1) Yes, consumer consents to referral and to sharing of information as specified on consumer consent form. (2) Yes, consumer consents to referral but not to sharing of information. (3) No, consumer has not consented to this referral.
Referral method: Record: (1) This form faxed to agency. (2) Letter (copy on file). (3) Electronic. (4) Verbal request, face-to-face or phone call. (5) Other (incl. refer to self).
Feedback required: Record: (1) To initial referral agency. (2) To GP. (3) To agency completing INI. (4) To carer/guardian. (4) Other.
Date: Record date referral actually made. If no referral actually made, leave blank

Office Use Only

SRI Page 2 of 2

Name: Designation/Agency:

Sign: Date: Contact number:

If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date: Name: Sign:

- Clearly identify your agency and contact details when sending information to another provider
- Use free text and comments boxes to get your point across
- Ensure client identifying information is on every page transmitted to another agency/program. At a minimum include name, sex, date of birth and address
- Date every page to confirm the information's currency

Consumer Consent

Consent is valid when it is informed, voluntary, specific and current

Discuss with consumer what information will be sent to other providers and the rationale for this disclosure

The use of terms such as 'all relevant information' enables a free flow of communication between service providers

Limits – please record any limits the consumer requests regarding the disclosure of confidential information

If verbal consent is obtained – generally obtain written consent at the next practical opportunity

Consumer Consent

To Specified Use/Disclosure of Information

Agency Contact Details

To ensure the consumer is able to make an informed decision about consent to the disclosure of their information, the practitioner should: (✓ tick when completed)

1. Discuss with the consumer the proposed referral to other services/agencies. ☐
2. Explain that the consumer's information will only be released to these services if the consumer has agreed and advise that the referral for service can still proceed if the consumer does not want information disclosed. ☐
3. Provide the consumer with information about privacy, such as the brochure *Your Information—It's Private.* ☐
4. Provide the consumer with a copy of this form, once completed. ☐

Section 1: Proposed Information Uses and Disclosures

The following service(s) are recommended. It is also recommended that relevant information is forwarded to the agency(s) that provide these services, in order that consumers receive the best possible care.

Type of Service Examples: – Physiotherapy – Specialist consultant	Name of Agency Examples: – Any agency – Nominated clinic	Type of Information *(including limits as applicable)* Examples: – All relevant information – Test results only

Section 2: Record of Consumer Consent

2(A) Written Consumer Consent Or 2(B) Verbal Consent

2(a)

My practitioner has discussed with me how, when and why certain information about me may need to be provided to other agencies.

I understand the recommendations and I give my permission for the information to be shared as detailed above.

Signed: *Date:*
(Consumer OR Authorised Representative)

Consumer Name:

Witnessed:
(Practitioner)

Practitioner Name:

Role:

2(b)

Practitioner Use Only

Verbal consent should only be used where it is not practicable to obtain written consent.

I have discussed the proposed referrals with the consumer. I am satisfied that the consumer understands the proposed uses and disclosures, and has provided their informed consent to these.

Signed: Date:
(Practitioner)

Practitioner Name:

Role:

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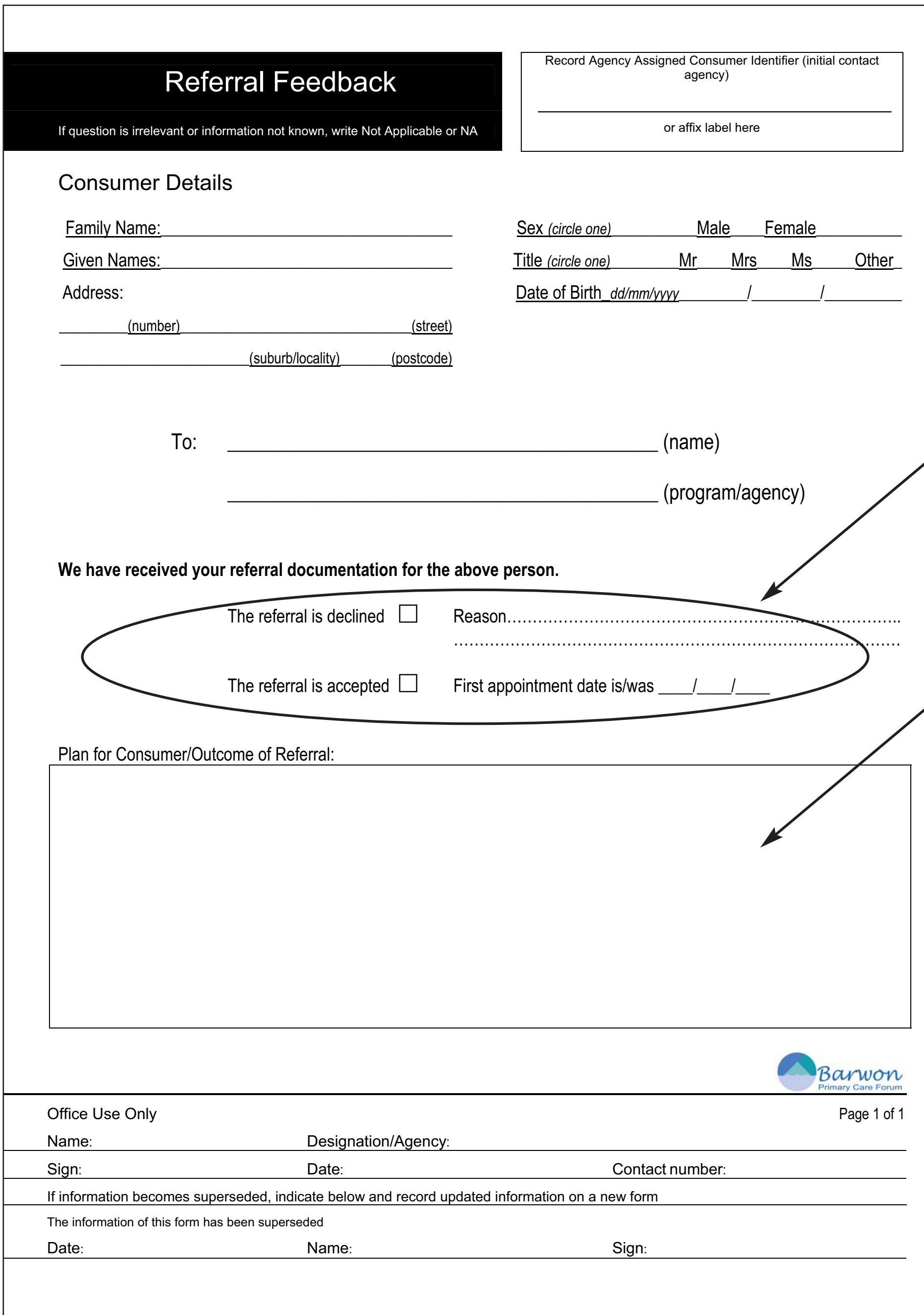
The information on this form has been superseded
Date: Name: Sign:

- **Offer the consumer a copy of the consent form**
- Clearly identify your agency and contact details when sending information to another provider
- Use free text and comments boxes to get your point across
- Ensure client identifying information is on every page transmitted to another agency/program. At a minimum include name, sex, date of birth and address
- Date every page to confirm the information's currency

Referral Feedback



Referral Feedback

If question is irrelevant or information not known, write Not Applicable or NA

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

Consumer Details

Family Name: ____________________ Sex *(circle one)* Male Female

Given Names: ____________________ Title *(circle one)* Mr Mrs Ms Other

Address: Date of Birth *dd/mm/yyyy* ____/____/____

____ (number) ____ (street)

____ (suburb/locality) ____ (postcode)

To: ____________________ (name)

____________________ (program/agency)

We have received your referral documentation for the above person.

The referral is declined ☐ Reason……………………………………………………

The referral is accepted ☐ First appointment date is/was ____/____/____

Plan for Consumer/Outcome of Referral:

Office Use Only Page 1 of 1

Name: Designation/Agency:

Sign: Date: Contact number:

If information becomes superseded, indicate below and record updated information on a new form

The information of this form has been superseded

Date: Name: Sign:

- **This form can be used to request feedback from a referral or to provide feedback**
- Clearly identify your agency and contact details when sending information to another provider
- Use free text and comments boxes to get your point across
- Ensure client identifying information is on every page transmitted to another agency/program. At a minimum include name, sex, date of birth and address
- Date every page to confirm the information's currency